## 2009 H1N1 Influenza Vaccine Consent Form (POV)



### Section 1: Information Required to Receive Vaccine (please print)

steroids or those used to treat cancer)?

Is the patient pregnant?

PATIENT'S NAME (Last)		(First) (M.I.)		PATIENT'S DATE OF BIRTH month day year			
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	PATIENT'S A	GE GEN	gender	
						M/F	
ADDRESS				PATIENT/PA NUMBER:	RENT DAYTIM	E PHO	NE
CITY	STATE	ZIP		NOWIDEK.			
POV/CLINIC LOCATION	:						
Section 2: Screening for Vac	cine Eligibi	lity (Children a	age 9 and under	require two dose	s of vaccine.)		
If the patient has already bee	en vaccinate	ed with 2009 F	H1N1 influenza	vaccine, please	tell us the numbe	r of dos	es
and dates of vaccination.							
☐ Dose 1 Date received: 1	month	dav vear	Type	(please circle):	nasal spray	sho	t
Dose 1 Date received: monthdayyear Type (please circle): nasal spray  Dose 2 Date received: monthdayyear Type (please circle): nasal spray				shot			
		<i>5</i>		,	•		
The following questions will	heln us to k	mow if the not					
	_	mow ii me pai	tient can get the	2009 H1N1 inf	luenza vaccine.	Please n	nark
	_	anow ii tile pat	tient can get the	2009 H1N1 inf	luenza vaccine.	Please n	nark
YES or NO for each question	1.	_	_				
YES or NO for each question  A. If you answer "NO" to al	n. I four of the	e following qu	estions, the pati	ent can probab	ly get the influen	za vacci	ne.
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Does the patient have close contact with a person who needs care in a protected environment (for

example, someone who has recently had a bone marrow transplant)?

# 2009 H1N1 Influenza Vaccine Consent Form (POV)

Relationship to child:

## **Section 3: Consent**

CONSENT FOR VACCINATION:	
I have read or had explained to me the 2009-2010 Vaccine Information Statement for and understand the risks and benefits.	or the 2009 H1N1 influenza vaccine
I GIVE CONSENT to Panhandle Health District and its staff for me/the patient name vaccinated with this vaccine.	ned at the top of this form to be
Signature of Patient/Parent/Legal Guardian	Date: monthdayyear

#### **Section 4: Permission to Release Information**

Section 4.1 crimission to Release Information			
I give permission to <b>enroll</b> the patient and to <b>transfer</b> the patient	nt's immunization 1	records into	the Idaho Immunization
Reminder Information System (IRIS) to ensure that this vacc	cination record is av	ailable to t	he patient, the patient's
healthcare providers, childcare providers, and schools. I unders	tand I may be asked	d for inform	nation that will help ensure
the patient's records are accurate and will not be confused with	another person's re	cords, such	n as: mother's maiden
name, gender, and child's eligibility for free vaccine. I authoriz	e inclusion of all in	formation i	into IRIS and redisclosure
of this information from IRIS to authorized users. (The patient	can still receive the	vaccinatio	n if you do not authorize
the release below.)			·
	Date: month	_day	_year
Signature of Patient/Legal Guardian / (Relationship to child)			

### **Section 5: Vaccination Record**

#### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1 <sup>st</sup> or 2 <sup>nd</sup> )	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	1 1	☐ IM ☐ Intranasal		Sanofi Novartis MedImmune CSL		
2009 H1N1	1 1	□ IM □ Intranasal		Sanofi Novartis MedImmune CSL		